

KENTUCKY TEACHERS' RETIREMENT SYSTEM

Medicare Eligible Health Plan (MEHP)

ENROLLMENT FORM

479 Versailles Road, Frankfort, Kentucky 40601

Phone: (502) 848-8500 or 1-800-618-1687 Fax: (502) 573-0199

www.ktrs.ky.gov****KTRS USE ONLY****

Insurance Effective Date

 / / **REASON FOR APPLICATION:** ☐ New Retiree ☐ Qualifying Event ☐ Open Enrollment**ENROLLMENT TYPE:** ☐ Retiree Only ☐ Retiree & Spouse ☐ Spouse Only**RETIREE ENROLLMENT****Retiree Name****Retiree Social Security/Member ID**

Date of Birth

Gender: ☐ Male ☐ FemaleDo you have End Stage Renal Disease (ESRD)? ☐ Yes, date of diagnosis _____ ☐ No☐ I **waive** coverage through the KTRS MEHP.**SPOUSE ENROLLMENT****Spouse Name****Spouse Social Security Number**

Date of Birth

Retiree Social Security/Member IDGender: ☐ Male ☐ FemaleDo you have End Stage Renal Disease (ESRD)? ☐ Yes, date of diagnosis _____ ☐ No☐ I **waive** coverage through the KTRS MEHP.**RETIREE'S SIGNATURE:** _____**DATE:** _____**SPOUSE'S SIGNATURE**

(If enrolling in coverage): _____

DATE: _____

You must be enrolled in Medicare Part B to be eligible for the KTRS Medicare Eligible Health Plan (MEHP). Complete this form by copying information exactly from your red, white & blue Medicare card and return it to KTRS to enroll in the MEHP. If you have applied for Medicare, but have not received your card you must contact your local Social Security office to request your Medicare number and effective dates of Parts A and B. Then, upon receiving your Medicare card, you must forward a copy to KTRS. Also, you must notify KTRS in the event your Medicare number changes due to the death of a spouse, marriage, or divorce.

If proof of your Medicare Part B coverage is not provided to this office before the MEHP enrollment date, you will not be enrolled in coverage through KTRS. Also, now or in the future, if you are enrolled in another Medicare Advantage plan and/or a Medicare Part D prescription drug plan (outside of KTRS) or your Part B coverage terminates, your KTRS MEHP will be terminated. You could be eligible to enroll during the annual open enrollment by supplying a completed MEHP Enrollment Form and proof of Medicare Part B coverage to the KTRS office. Outside of open enrollment, you will be eligible to enroll if a qualifying event occurs. Obtaining Medicare Part B is considered a qualifying event and you will only have 30 days from the event date to enroll.

DEMOGRAPHIC INFORMATION

Mailing Address: _____
Street City State Zip Code

Permanent Street Address: _____
(P.O. Box Not Allowed) Street City State Zip Code

Email Address: _____ **Phone Number:** _____

RETIREE INFORMATION

RETIREE'S NAME: _____

SOCIAL SECURITY/MEMBER ID: _____

MEDICARE CLAIM NUMBER: _____

HOSPITAL (PART A) EFFECTIVE DATE: _____

MEDICAL (PART B) EFFECTIVE DATE: _____

SPOUSE INFORMATION (if enrolling in KTRS MEHP)

SPOUSE'S NAME: _____

SOCIAL SECURITY NUMBER: _____

MEDICARE CLAIM NUMBER: _____

HOSPITAL (PART A) EFFECTIVE DATE: _____

MEDICAL (PART B) EFFECTIVE DATE: _____